

Instructions for Invoicing Socially Necessary Services (SNS)

The standard invoice and payment matrix, which includes service codes, types, and a unit rate, are located at <http://www.wvdhhr.org/bcf/aso/matrix.asp> . **Providers must track the number of units billed. Do not bill for unauthorized units and always sign your invoice.**

Note: Correct invoices must be submitted **within one year** of the date of service. Provider will forfeit payment for failure to submit correct invoices to the Department within one year after the date of service.

Each individual field on the invoice is a mandatory field that must be completed accurately before a payment is processed. Incorrect invoices will be returned to Providers for resolution. Invoice questions may be submitted to dhhrcfpayment@wv.gov

Invoice Number: Any punctuation such as, but not limited to hyphens (-), commas (,), periods (.), slashes (/), etc., will be removed when entered in the FACTS system.

Modified Invoice #: Providers use the modified invoice to re-bill unpaid invoices/authorizations which are returned in the weekly mail out. Again, correct invoices must be submitted within one year of the date of service.

Provider Name and FACTS Provider Number: The Name and Number on the SNS Referral.

Contact Name, Contact Number and Email: Remember this is the e-mail address that the BCF Payment staff uses to communicate with Providers.

Authorization Number: APS assigns this number.

Provider Staff Member Performing Service: You must bill individually, if more than one staff member is performing the service associated with the authorization.

Month of Service: The month that the services were provided.

FACTS Client ID, Case Number/Referral ID, FACTS Client Name: Information provided on the Referral for Socially Necessary Services.

Service Code/Type, Number of Units Billed, Unit Rate & Total: Please refer to the following web site: <http://www.wvdhhr.org/bcf/aso/matrix.asp>.

Signature & Date: Signature and printed name is required. Unsigned invoices will be returned to Providers.

Entered by: Amount: Date Approved: Providers must leave this box BLANK – Do not enter.

Providers are required to submit monthly invoices. You may invoice more frequently. Please mail all invoices to the following address:
Bureau for Children & Families
Division of Payments and Vendor Maintenance
350 Capitol Street, Room 730
Charleston, WV 25301-3711

I certify, on behalf of the social necessary services provider listed above, (1) the services listed herein were authorized and delivered to the client; (2) the services have not been previously billed; and (3) all required reports have been submitted to the caseworker. On behalf of the provider listed above, I agree to repay the Department for any payment for which the provider listed above was not entitled.

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Note: Services must be billed with 30 days of the date of the service. For home studies, clinical reviews, or CAPS reports, the date of the service is the date of submitting the same to the caseworker. Incorrect invoices will be returned to Providers for resolution. If necessary, corrected invoices must be submitted within one year of the date of service. Provider will forfeit payment for failure to submit corrected invoice timely.